

**CitizenAudit.org**

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Name of organization: GENEVA BUSINESS DISTRICT MANAGEMENT ASSOCIATION INC. Number and street (or P O box, if mail is not delivered to street address): ONE FRANKLIN SQUARE NO 211. City or town, state or country, and ZIP + 4: GENEVA, NY 14456

D Employer identification number: 41-1563357. E Telephone number: (315) 789-0102. F Group Exemption Number

G Accounting method: Cash. I Website: WWW.DOWNTOWNGENEVA.ORG. J Tax-Exempt status: 501(c)(3)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	108,935	<b>22</b>	94,699
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	1,198	<b>24</b>	785
<b>25 Total assets</b> . . . . .	110,133	<b>25</b>	95,484
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b>	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	110,133	<b>27</b>	95,484

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?  
TO PROMOTE AN ATTRACTIVE AND ECONOMICALLY VIABLE DOWNTOWN THAT IS HIGH QUALITY IN APPEARANCE AND DESIGN, SAFE AND ATTRACTIVE TO PROPERTY OWNERS, BUSINESS PEOPLE, TENANTS, SHOPPERS, AND VISITORS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> ARCHITECTURAL DESIGN AND PRESERVATION, ECONOMIC PLANNING AND DEVELOPMENT, BUSINESS RECRUITMENT, RETENTION, MARKETING, PROMOTION, AND UNIFICATION (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	158,197
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	158,197

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances.

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here section containing signature of officer (\*\*\*\*\*), title (JOHN T HICKS EXECUTIVE DIRECTOR), and date (2011-08-08).

Paid Preparer's Use Only section containing preparer's signature (DOUGLAS J FORGUE CPA), date, firm's name (EFP ROTENBERG LLP), address (503 MURRAY STREET, NEWARK, NY 145131089), EIN, and phone number ((315) 331-1750).

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization GENEVA BUSINESS DISTRICT MANAGEMENT ASSOCIATION INC

Employer identification number 41-1563357

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>CRUISIN' NIGHT</u> (event type)	(b) Event #2 <u>LIGHT UP GENEVA AUCTION</u> (event type)	(c) Other Events <u>1</u> (total number)	(d) Total Events (Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	14,493	12,053	2,620	29,166
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	14,493	12,053	2,620	29,166
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .			2,759	2,759
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	7,949	1,108	592	9,649
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				12,408
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶				16,758	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility . . . . .	<b>13a</b>
<b>b</b> An outside facility . . . . .	<b>13b</b>

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

**Name of the organization**  
GENEVA BUSINESS DISTRICT MANAGEMENT  
ASSOCIATION INC

**Employer identification number**

41-1563357

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST EARNINGS 1,620

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS AMOUNT 50 DESCRIPTION MAINTENANCE SERVICES BILLED AMOUNT 496 TOTAL TO FORM 990-EZ, LINE 8 546

Identifier	Return Reference	Explanation
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 413 DESCRIPTION OTHER EXPENSES AMOUNT 14,164 TOTAL TO FORM 990-EZ, LINE 14 14,577

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADVERTISING AMOUNT 555 DESCRIPTION BANK SERVICE CHARGES AMOUNT 199 DESCRIPTION CONTRIBUTIONS AMOUNT 1,000 DESCRIPTION DIRECTOR'S DISCRETIONARY EXPENSES AMOUNT 698 DESCRIPTION DISTRICT BEAUTIFICATION - BANNERS, MURAL AMOUNT 7,937 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 492 DESCRIPTION EMPLOYEE INSURANCE - DBL AND WORKERS COMP AMOUNT 3,214 DESCRIPTION EQUIPMENT RENTAL AMOUNT 692 DESCRIPTION EVENT EXPENSES - CREDIT CARD FEES/RAFFLE AMOUNT 1,276 DESCRIPTION GAS OIL AND VEHICLE EXPENSE AMOUNT 283 DESCRIPTION HOLIDAY DECORATIONS AMOUNT 340 DESCRIPTION INTEREST EXPENSE AMOUNT 6 DESCRIPTION MARKETING - RECRUITMENT AMOUNT 4,100 DESCRIPTION MEALS - ENTERTAINMENT AMOUNT 191 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 354 DESCRIPTION NEW YORK MAIN STREET GRANT - LEAD/RADON TESTS AMOUNT 2,000 DESCRIPTION PAYROLL TAXES AMOUNT 9,727 DESCRIPTION PROFESSIONAL FEES - 2010 GRANTS AMOUNT 6,500 DESCRIPTION SMALL TOOLS AND EQUIPMENT AMOUNT 553 DESCRIPTION SUPPLIES AMOUNT 3,999 DESCRIPTION TEMPORARY LABOR SERVICES AMOUNT 378 DESCRIPTION TRAVEL - MILEAGE REIMBURSEMENTS AMOUNT 894 DESCRIPTION FILING FEES - GRANTS AMOUNT 1,445 TOTAL TO FORM 990-EZ, LINE 16 46,833

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,198 END OF YEAR AMOUNT 785

**TY 2010 Transfers Personal Benefits  
Contracts Declaration**

**Name:** GENEVA BUSINESS DISTRICT MANAGEMENT  
ASSOCIATION INC

**EIN:** 41-1563357

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**Additional Data****Software ID:****Software Version:****EIN:** 41-1563357**Name:** GENEVA BUSINESS DISTRICT MANAGEMENT  
ASSOCIATION INC**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
ROBERT STIVERS 401 BOODY HILL LANE GENEVA, NY 14456	PRESIDENT 2 00	0	0	0
DAVID LINGER 60 SENECA STREET GENEVA, NY 14456	VICE PRESIDENT 2 00	0	0	0
THOMAS BURRALL 50 LINDEN STREET GENEVA, NY 14456	SECRETARY 2 00	0	0	0
LARRY WETHERBEE 348 WASHINGTON STREET GENEVA, NY 14456	TREASURER 2 00	0	0	0
ROB SOLLENNE 470 EXCHANGE STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
CHARLES BAUDER 138 OAK STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
JEFFREY FRIEND 399 EXCHANGE STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
JASON HAGERMAN 108 LEWIS STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
DAVID BUNNELL 1045 LOCHLAND ROAD GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
SPIKE HERZIG PO BOX 587 GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
MATT HORN 47 CASTLE STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
JOSEPH FRAGNOLI 52 SENECA STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0